

Type a plus sign (+) inside this box [ + ]

Approved for use through 9/30/00

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

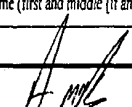
PTO/SB/01 (8/96)	Attorney Docket Number			
<b>DECLARATION</b>				
Declaration OR Declaration				
<input type="checkbox"/> Submitted with Initial Filing	<input type="checkbox"/> Submitted after Initial Filing (surcharge 37 CFR 1.16(3) required)			
First Named Inventor				
COMPLETE IF KNOWN				
Application Number				
Filing Date				
Group Art Unit				
Examiner Name				
As a below named inventor, I hereby declare that:				
My residence, post office address, and citizenship are as stated below next to my name.				
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:				
<div style="border: 1px solid black; padding: 10px; text-align: center;">COMPARTMENT SECURITY SYSTEM</div>				
(Title of the invention)				
the specification of which <input checked="" type="checkbox"/> is attached hereto				
OR				
<input type="checkbox"/> was filed on (MM/DD/YYYY) [ ] as United States Application Number or PCT				
International Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable).				
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.				
I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.				
I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.				
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Copy Attached? YES NO
2,370,669	United Kingdom	5th Sept. 2000	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.				
I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.				

(Page 1 of 5)

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional <input type="checkbox"/> Application numbers are listed on a supplemental priority sheet attached hereto.

(Page 2 of 5)

Type a plus sign (+) inside this box (+)

DECLARATION							
<p>I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designated the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States of PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.</p>							
U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)				
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.							
<p>As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:</p>							
Name	Registration Number	Name	Registration Number				
John E. McGarry	22,360	Mark A. Davis	37,118				
H. Lawrence Smith	24,900	G. Thomas Williams	42,228				
Joel E. Bair	33,356	Michael F. Kelly	50,859				
<input type="checkbox"/> Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.							
<input checked="" type="checkbox"/> Please direct all correspondence to: Name							
Address John E. McGarry, Reg. No. 22,360 McGarry Bair LLP							
Address 171 Monroe Avenue, NW, Suite 600,							
City	Grand Rapids	State	Michigan	Zip	49503		
Country	US	Telephone	(616) 742-3500	Fax	(616) 742 1010		
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>							
Name of Sole or First Inventor: <input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle (if any))				Family Name or Surname			
Alan James				Maple			
Inventor's Signature 				Date 20 <sup>th</sup> June 2003			
RESIDENCE: City	Cheadle	State	Cheshire	Country	GB	Citizenship	British
POST OFFICE ADDRESS 7 Linley Road, Cheadle Hulme,							
City	Cheadle	State	Cheshire	Zip	SK8 7HP Country GB		
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto.							

Please type a plus sign (+) inside this box [:]

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
-------------	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
Ian Martin		Lennard					
Inventor's Signature <i>I. Lennard</i>		Date <i>20 JUNE 2003</i>					
RESIDENCE: City	Cheadle	State	Cheshire	Country	GB	Citizenship	British
POST OFFICE ADDRESS		9 Upton Avenue, Cheadle Hulme,					
City	Cheadle	State	Cheshire	Zip	SK8 7HX	Country	GB

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
Inventor's Signature		Date					
RESIDENCE: City		State		Country		Citizenship	
POST OFFICE ADDRESS							
City		State		Zip		Country	

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
Inventor's Signature		Date					
RESIDENCE: City		State		Country		Citizenship	
POST OFFICE ADDRESS							
City		State		Zip		Country	

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
Inventor's Signature		Date					
RESIDENCE: City		State		Country		Citizenship	
POST OFFICE ADDRESS							
City		State		Zip		Country	

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
Inventor's Signature		Date					
RESIDENCE: City		State		Country		Citizenship	
POST OFFICE ADDRESS							

(Page 4 of 5)

City		State		Zip		Country	
------	--	-------	--	-----	--	---------	--

Please type a plus sign (+) inside this box (+)

DECLARATION	PRIORITY DATA (Supplemental Sheet)
-------------	---------------------------------------

Additional foreign applications:					
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional provisional applications:	
Application Number	Filing Date (MM/DD/YYYY)

Additional U.S. applications:			
U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)